| No. W 135893 | | Due no later than Mar 31, 2018 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|---|--------------------------------------|------------------------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KELSEY CRAWFORD HAIR DESIGN, LLC KELSEY CRAWFORD 13590 PAOLETTI ST CALDWELL ID 83607 | | to proper control of the proper to | KELSEY CRAWFORD 13590 PAOLETTI ST CALDWELL ID 83607-8360 3. New Registered Agent Signature:* | | | |
| | | | | CALDWELL I | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER KELSEY CRAW | | WFORD | 13590 PAOLETTI STREET | CALDWELL | ID | USA | 83607 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: KE | | Date: 03/30/2018 | | | | |
| W 135893 | | Name (type o | | Title: OWNER | | | | |
| Processed 03/30/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |